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CLINICAL AND LEGAL PROFILE OF PERSONS IN CONFLICT WITH THE LAW REFERRED FOR PSYCHIATRIC EVALUATION: A RETROSPECTIVE OBSERVATIONAL STUDY

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ARTICLE INFO	ABSTRACT
Received 17 th June, 2025 Received in revised form 30 th June, 2025 Accepted 20 th July, 2026 Published online 28 th July, 2026	Background and Objectives: International studies consistently report a high burden of psychiatric disorders among individuals involved in the criminal justice system. In India, however, research has largely focused on prison populations, with limited data on persons referred to hospitals for psychiatric evaluation during legal proceedings. This study described the sociodemographic, clinical, and legal profile of persons in conflict with the law (PCL) referred to a tertiary care teaching hospital in North India. Materials and Methods: This retrospective observational study included 59 consecutive PCL referred to the Department of Psychiatry between 1 January and 30 June 2024 for psychiatric evaluation or management during ongoing legal proceedings. Sociodemographic, clinical (ICD-10 diagnoses, onset of illness, comorbidities), and legal data (charges, referral source) were extracted from medico-legal records and analyzed descriptively using IBM SPSS version 26. Results: The mean age was 30.8 ± 9.2 years. Participants were predominantly male (94.9%), rural (62.7%), married (61.0%), and undertrial (89.1%). Police were the principal referral source (91.4%). Most criminal cases (62.7%) were registered under the Narcotic Drugs and Psychotropic Substances Act. Substance use disorders were the most common psychiatric diagnoses (81.4%), followed by anxiety and stress-related disorders (18.6%). Cluster B personality traits were observed in 75.0% of evaluated participants. Psychiatric illness preceded legal involvement in 75.4% of cases. Conclusion: Persons referred for forensic psychiatric evaluation were predominantly young men involved in drug-related offences, with substance use disorders constituting the major psychiatric burden. The frequent onset of psychiatric illness before legal involvement highlights the importance of early identification and treatment of mental and substance use disorders and stronger collaboration between mental health services and the criminal justice system.
Key words: Forensic psychiatry, Persons in conflict with the law, Substance use disorders, NDPS Act, Retrospective study, India.	
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INTRODUCTION

Persons in conflict with the law (PCL) constitute a vulnerable population with a disproportionately high burden of psychiatric disorders.¹ Mental illness may contribute to contact with the criminal justice system through impaired judgment, behavioural dysregulation, cognitive deficits, impulsivity, or substance use. Conversely, involvement in legal proceedings, detention, and incarceration may adversely affect mental

health by increasing psychological distress, social isolation, and barriers to accessing appropriate care.²

International studies consistently demonstrate that psychiatric disorders are substantially more common among individuals within the criminal justice system than in the general population.^{3,4} Substance use disorders, mood disorders, psychotic disorders, anxiety disorders, and personality disorders are frequently encountered, often occurring in combination and contributing to complex clinical presentations.^{2,5} These disorders may influence criminal behaviour, legal competence, treatment adherence, and rehabilitation outcomes, underscoring the importance of timely psychiatric assessment and intervention.⁶

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In India, research examining psychiatric morbidity among persons in conflict with the law has largely focused on prison populations. Existing studies report a high prevalence of substance use disorders, psychotic disorders, mood disorders, and personality disorders among incarcerated individuals.^{2,5,7} However, relatively little information is available regarding persons referred for psychiatric evaluation in tertiary care hospitals by law enforcement agencies or courts. Such referrals often involve assessment and management of acute psychiatric illness, substance withdrawal, fitness-related evaluations, or clarification of psychiatric diagnoses, representing a distinct subgroup within forensic psychiatric practice.⁸

Describing the sociodemographic, clinical, and legal characteristics of these individuals is important for understanding their mental healthcare needs and informing the development of integrated forensic psychiatric services. The present study aimed to describe the clinical and legal profile of persons in conflict with the law referred for psychiatric evaluation to a tertiary care teaching hospital in North India.

MATERIALS AND METHODS

This retrospective observational study was conducted in a tertiary care teaching hospital in North India. The study included all persons in conflict with the law (PCL) who presented to the Department of Psychiatry for psychiatric evaluation between **1 January 2024 and 30 June 2024**. For the purpose of this study, persons in conflict with the law (PCL) were operationally defined as individuals referred to the Psychiatry Outpatient Department for psychiatric evaluation or management in the context of ongoing legal proceedings. Consecutive sampling was employed, and all eligible medico-legal records during the study period were included.

Data were extracted retrospectively from the medico-legal records using a structured proforma. Sociodemographic variables included age, sex, educational status, occupation, marital status, family type, and place of residence. Clinical variables included presenting complaints, duration of illness, substance use, comorbid physical illness, and psychiatric diagnoses made according to the **International Classification of Diseases, Tenth Revision (ICD-10)**. Legal variables included the nature of the case (civil/criminal), relevant statutory provisions, duration of legal proceedings, referral source, and purpose of referral.

Records with incomplete documentation of key clinical or legal variables were excluded from the analysis. Data were entered into Microsoft Excel and analysed using **IBM SPSS Statistics version 26** (IBM Corp., Armonk, NY, USA). Continuous variables were summarized as mean $\pm$ standard deviation (SD) or median (interquartile range), as appropriate, while categorical variables were expressed as frequencies and percentages.

Patient confidentiality and anonymity were maintained throughout the study, and all data were anonymized prior to analysis.

RESULTS

A total of **59 persons in conflict with the law (PCL)** were included in the study. The mean age of the participants was **30.8 $\pm$ 9.2 years** ($n = 58$). Most participants were **male (94.9%)**,

belonged to **rural areas (62.7%)**, and were **Hindus (94.9%)**. The majority were **married (61.0%)**, belonged to **nuclear families (61.0%)**, and were from the **middle socioeconomic class (55.9%)**. Semiprofessional occupation was the most common occupational category (54.2%), while matriculation was the most frequent level of educational attainment (27.1%). The sociodemographic characteristics of the study population are summarized in **Table 1**.

The legal characteristics are also summarized in **Table 1**. Almost all participants were **defendants (94.8%)** involved in **criminal proceedings (98.3%)**. The majority were referred by the **police (91.4%)**, with **assessment of psychiatric illness** being the most common indication for referral, followed by treatment of substance withdrawal. Most participants had been involved in legal proceedings for **less than one month (84.5%)** and were **undertrials (89.1%)**.

Among the participants involved in criminal proceedings, the **NDPS Act** constituted the largest proportion of cases (**37/59, 62.7%**). The most frequent IPC offence was **Section 302 (murder) (3/59, 5.1%)**, followed by **Sections 307 (attempt to murder) and 379 (theft) (2/59, 3.4% each)**. The remaining participants were booked under a range of IPC provisions relating to offences against the person and property, while **two (3.4%)** participants were charged under the **POCSO Act**.

Table 1. Sociodemographic and legal characteristics of persons in conflict with the law ($N = 59$)

Variable	n (%)
Age (years), mean $\pm$ SD	30.8 $\pm$ 9.2
Gender	
Male	56 (94.9)
Female	3 (5.1)
Residence	
Rural	37 (62.7)
Urban	22 (37.3)
Religion	
Hindu	56 (94.9)
Sikh	2 (3.4)
Muslim	1 (1.7)
Marital status	
Married	36 (61.0)
Unmarried	22 (37.3)
Separated	1 (1.7)
Family type	
Nuclear	36 (61.0)
Joint	21 (35.6)
Extended	2 (3.4)
Educational status	
No formal education	4 (6.8)
Primary	3 (5.1)
Middle school	7 (11.9)
Secondary	15 (25.4)
Matriculation	16 (27.1)

Graduate	14 (23.7)
Occupation	
Skilled	9 (15.3)
Semi-skilled	4 (6.8)
Semiprofessional	32 (54.2)
Unemployed	9 (15.3)
Student	5 (8.5)
Socioeconomic status	
Lower	4 (6.8)
Lower middle	16 (27.1)
Middle	33 (55.9)
Upper	6 (10.2)
Legal profile	
Defendant†	55/58 (94.8)
Plaintiff†	3/58 (5.2)
Criminal proceedings	58 (98.3)
Civil and criminal proceedings	1 (1.7)
Police referral†	53/58 (91.4)
Court referral†	3/58 (5.2)
Lawyer referral†	1/58 (1.7)
Self-referral†	1/58 (1.7)
Duration of legal proceedings <1 month†	49/58 (84.5)
1–6 months†	4/58 (6.9)
>6 months†	3/58 (5.2)
>1 year†	1/58 (1.7)
>5 years†	1/58 (1.7)
Undertrial‡	49/55 (89.1)
Sentenced‡	6/55 (10.9)

† One participant had missing data.

‡ Four participants had missing data.

The clinical characteristics are presented in **Table 2**. Psychiatric diagnoses were made according to the **ICD-10** classification. Substance use disorders constituted the predominant diagnostic category, with multiple substance use being the most common pattern of substance use. Cluster B personality traits were the most frequently observed personality profile. Details of the psychiatric diagnoses, presenting complaints, duration of illness, substance use, personality profile, and clinician-rated severity assessments are presented in Table 2.

Table 2. Clinical characteristics of persons in conflict with the law (N = 59)

Variable	n (%)
Psychiatric diagnosis (ICD-10)*	
Substance use disorders (F10–F19)	48 (81.4)
Anxiety, stress-related and somatoform disorders (F40–F48)	11 (18.6)
Mood (affective) disorders (F30–F39)	4 (6.8)
Personality disorders (F60–F69) (F60–F69)	3 (5.1)

Behavioural syndromes associated with physiological disturbances (F50–F59)	2 (3.4)
Duration of illness	
<1 month	21 (35.6)
1–6 months	6 (10.2)
>6 months–1 year	9 (15.3)
>1–5 years	12 (20.3)
>5 years	11 (18.6)
Personality cluster†	
Cluster B	42 (75.0)
Cluster C	14 (25.0)
Comorbid physical illness‡	
None	41 (70.7)
Hepatitis C	12 (20.7)
Tuberculosis	3 (5.2)
Hypertension	2 (3.4)
Diabetes mellitus	1 (1.7)
Chronic obstructive pulmonary disease	1 (1.7)
Previous incarceration§	
Yes	16 (28.1)
No	41 (71.9)
Onset of psychiatric illness in relation to legal involvement§	
Psychiatric illness preceding legal involvement	43 (75.4)
Psychiatric illness following incarceration/legal involvement	14 (24.6)

Abbreviations: ICD-10, *International Classification of Diseases, Tenth Revision*.

* Participants with more than one psychiatric diagnosis were classified under each relevant ICD-10 diagnostic category; therefore, percentages may exceed 100%.

† Personality data were available for 56 participants.

‡ Participants could have more than one physical comorbidity; therefore, percentages do not total 100%.

§ Data were available for 57 participants.

DISCUSSION

The present study describes the sociodemographic, clinical, and legal profile of persons in conflict with the law referred for psychiatric evaluation to a tertiary care psychiatry outpatient department. The findings demonstrate that the majority of referrals involved young adult males, with substance use disorders constituting the predominant psychiatric diagnosis. Most referrals originated from law enforcement agencies in the context of criminal proceedings, particularly those involving the Narcotic Drugs and Psychotropic Substances (NDPS) Act.

The predominance of young males is consistent with the demographic profile reported in forensic psychiatric and correctional mental health literature, where men in early adulthood constitute the largest proportion of individuals encountering the criminal justice system.^{2,9} The predominance of participants from rural areas likely reflects the hospital's catchment area rather than a true epidemiological difference.

Most participants were married, belonged to nuclear families, and had attained at least secondary-level education, indicating that legal involvement in this cohort was not confined to socially marginalized or educationally disadvantaged individuals.

Substance use disorders accounted for more than four-fifths of psychiatric diagnoses, making them the principal clinical concern in this population. This finding parallels evidence demonstrating the strong association between substance use and criminal behaviour, particularly offences related to possession, trafficking, and offences committed under intoxication.^{1,2,9} The predominance of substance use disorders observed in the present study is consistent with the systematic review by Fazel et al., which demonstrated substantially higher rates of alcohol and drug dependence among prisoners than in the general population. The authors highlighted substance use disorders as one of the most prevalent psychiatric conditions in correctional settings and emphasized the need for systematic screening and treatment within criminal justice systems.¹

The predominance of cases registered under the NDPS Act further supports this observation and highlights the need for routine psychiatric and addiction assessments among persons referred through the criminal justice system.^{1,10} The relatively smaller proportion of mood, anxiety, and personality disorders suggests that psychiatric referrals in this setting are driven largely by substance-related presentations.

An important finding was that approximately three-fourths of participants had onset of psychiatric illness preceding legal involvement. Although the retrospective design precludes conclusions regarding causality, this observation suggests that psychiatric morbidity frequently predates contact with the legal system rather than arising solely as a consequence of incarceration or ongoing litigation. This observation is consistent with epidemiological evidence demonstrating a strong association between mental disorders, particularly substance use disorders, and criminal legal involvement.³ This finding reinforces the importance of early identification and treatment of psychiatric disorders, particularly substance use disorders, as part of community mental health services.

The legal profile of the study further illustrates the interface between psychiatry and the criminal justice system. Most referrals were made by the police for assessment of psychiatric illness, whereas only a small number were referred by courts for assessment of fitness or other legal purposes. This pattern indicates that psychiatric services in general hospital settings are frequently required to provide acute clinical assessment and management in addition to formal forensic evaluations.⁸ Strengthening collaboration between psychiatric services, law enforcement agencies, and the judiciary may facilitate timely identification and management of mental disorders among persons involved in legal proceedings.

This study should be interpreted in light of certain limitations. The retrospective design relied on documentation available in medical records, and the findings represent the experience of a single tertiary care centre, limiting generalizability. In addition, the relatively small sample size and descriptive design precluded evaluation of associations between psychiatric diagnoses and legal variables. Nevertheless, the study provides preliminary data on an understudied population and highlights the need for prospective multicentric studies examining the

psychiatric needs of persons in conflict with the law in India.

The findings underscore the need for systematic psychiatric screening, particularly for substance use disorders, among persons referred through the criminal justice system. Strengthening liaison between psychiatry, forensic medicine, law enforcement agencies, and the judiciary may facilitate timely diagnosis, treatment, and appropriate diversion to mental health services where indicated.

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